Patent 6003301-129

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION

Customer Number 2 1 8 3 9

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:									
	Enclosed for filing is the utility patent application entitled:								
	CREPING E	BLADE							
by th	ne following nam	ned inventor(s):							
	JEAN FRAN SILVANO F	NCOIS LAITHIER RETI							
X	Applicant(s) suggests Figure 3 for inclusion on the front page of the patent application publication and patent.								
		S.A., Eclepens, St		following assignment information:					
Small entity status is claimed.									
Also	enclosed are:								
DRAWINGS:		sheets of formal drawings sheets of informal drawings							
DEC	LARATION:	☐ will follow	☐ executed, is enclosed	■ unexecuted, is enclosed					
ASS	IGNMÉNT:	is enclosed	₩ will follow						



365: OTHER PAPERS:	A General		ed .	Appl. No. 0302400-7	Filing Date MM-DD-YYYY 08 September 200			
§ 119 and/or 365: OTHER PAPERS:	A General	Sweden opy(ies) enclose	ad	0302400-7	08 September 200			
OTHER PAPERS:	A General		ed	図 certified copy(ie:	s) will follow			
	A General		ed	図 certified copy(ie:	s) will follow			
	A General		ed	□ certified copy(ie:	a) will follow			
		Authorization fo		☐ certified copy(ies) enclosed ☑ certified copy(ie				
★ The filing fee had amendment:	An Applica		t (ADS).	ance with the enclosed p				
· · · · · · · · · · · · · · · · · · ·			CLAIMS					
· · · · · · · · · · · · · · · · · · ·	No. of Claims		Extra Claims	Rate	Fee			
Basic Application Fee	of Claims			Rate	Fee \$ 770.00			
	of Claims e (1001) 29	MINUS 20 =		Rate x \$18.00 (1202) =				
Basic Application Fee Total Claims ndependent Claims	of Claims e (1001)	MINUS 20 = MINUS 3 =	Extra Claims		\$ 770.00			
Fotal Claims ndependent Claims f multiple dependent	of Claims e (1001) 29 2 claims are pr	MINUS 3 =	Extra Claims 9 0	x \$18.00 (1202) =	\$ 770.00 \$ 162.00			
Fotal Claims Independent Claims If multiple dependent If otal Application Fee	of Claims e (1001) 29 2 claims are pr	MINUS 3 = resented, add \$	9 0 290.00 (1203)	x \$18.00 (1202) = x \$86.00 (1201) =	\$ 770.00 \$ 162.00			
Total Claims ndependent Claims f multiple dependent Total Application Fee Small Entity Statu	of Claims e (1001) 29 2 claims are pross	MINUS 3 = esented, add \$ ubtract 50% of T	9 0 290.00 (1203) otal Application Fe	x \$18.00 (1202) = x \$86.00 (1201) =	\$ 770.00 \$ 162.00 \$ 0.00			
Fotal Claims Independent Claims If multiple dependent If otal Application Fee	of Claims e (1001) 29 2 claims are pross	MINUS 3 = esented, add \$ ubtract 50% of T	9 0 290.00 (1203) otal Application Fe	x \$18.00 (1202) = x \$86.00 (1201) =	\$ 770.00 \$ 162.00 \$ 0.00 \$ 932.00			

Attorney Docket No. 003301-129
Application No. Unassigned

	Charge to Deposit Account No. 02-4800 for the fee due. A check in the amount of\$ 932.00 is enclosed for the fee due. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.					
Please address all correspondence concerning this application to: Burns, Doane, Swecker & Mathis, L.L.P. Customer Number 2 1 8 3 9 P.O. Box 1404 Alexandria, Virginia 22313-1404						
		Respectfully submitted, BURNS, DOANE, SWECKER & MATHIS, L.L.P.				
Alex (703	. Box 1404 kandria, Virginia 22313-1404 3) 836-6620 d: <u>March 24, 2004</u>	By Juty S. Duffett, Jr. Registration No. 22,030				